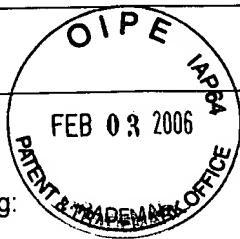


AMENDMENT TRANSMITTAL LETTERDocket Number
EMS-02003Application Number
09/965,926Filing Date
September 28, 2001Examiner
SHINGLES, Kristie D.Group Art Unit
2141Invention Title
ERROR RECOVERY FOR SRDF ASSIST**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application, including:

- 1) Request for Continued Examination (in duplicate);
- 2) Petition for Two-Month Extension of Time (in duplicate); and
- 3) Preliminary Amendment

CLAIMS AS AMENDED

(1) (2) (3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	30		62	0	x \$ 50	\$ 0
INDEPENDENT CLAIMS	2	Minus	3	0	x \$200	\$ 0
MULTIPLE DEPENDENT CLAIM ADDED					\$360	\$
					TOTAL	\$ 0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY TOTAL				\$

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20."

*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3."

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

() Please charge Deposit Account Number 503596 in the amount of \$_____ A duplicate copy of this sheet is enclosed.

() A check in the amount of \$_____ to cover the filing fee is enclosed.

(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.

Donald W. Muirhead, Reg. No. 33,978

February 1, 2006

Date

I hereby certify that this correspondence
is being deposited with the United States
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Alexandria, VA 22313-1450, on February 1,
2006.

Bonny Rogers